

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
DATE RECEIVED  
AUG 01 2017  
Bayfield Co. Zoning Dept.

Permit #: 17-0301  
Date: 8-8-17  
Amount Paid: 280 8-1-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
BARNES TRAILS SUMMER HOME CLUB		51130 EAST IDLEWILD LAKE ROAD		BARNES WI 54873		715 795 2331		
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber:		Cell Phone:
4898 CTY N		BARNES WI 54873		218 640 1638		N/A		715 688 9634
Contractor:		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber Phone:
LAWDLITH CONSTRUCTION		MICHAEL TREMBLAY		715 795 2331		51130 EAST IDLEWILD LAKE RD BARNES WI 54873		N/A
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		
SE 1/4, NE 1/4		Gov't Lot		Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.
				1554	8/189			
Section 34, Township T4S N, Range R9W W		Town of:		Subdivision:		Lot Size		
		BARNES		BARNES TRAILS PARK		216' x 210'		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 60'	Width: 30'	Height: 19'

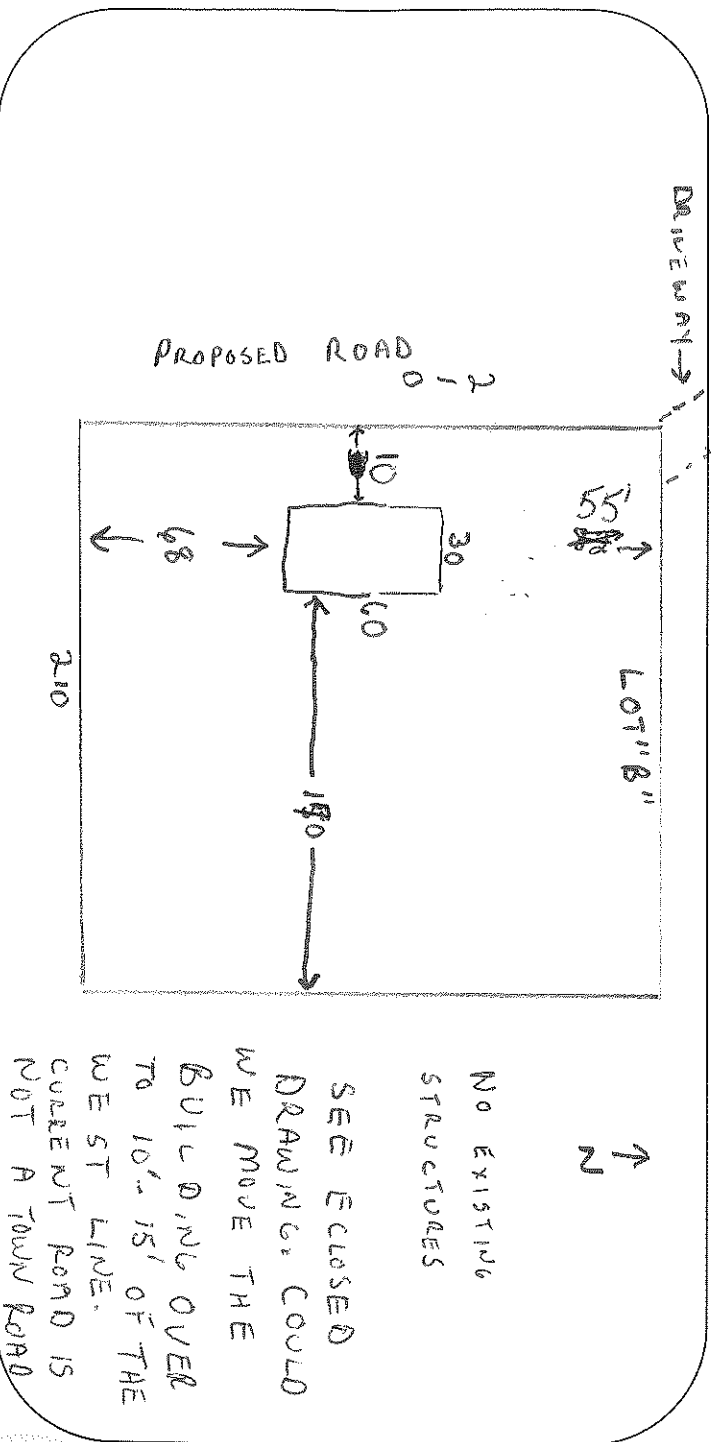
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Storage Building w/o water & sewer	(30 x 60)	1800
	Residence (i.e. cabin, hunting shack, etc.)	( )	
	with Loft	( )	
	with a Porch	( )	
	with (2nd) Porch	( )	
	with a Deck	( )	
	with (2nd) Deck	( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	
	Mobile Home (manufactured date)	( )	
	Addition/Alteration (specify)	( )	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify)	( )	
	Accessory Building Addition/Alteration (specify)	( )	
	Rec'd for Issuance	( )	
	AUG 02 2017	( )	
	Conditional Use: (explain)	( )	
	Secretarial Staff	( )	
	Other: (explain)	( )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the deed ALL Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Michael Tremblay Date 7/26/17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 51130 EAST IDLEWILD LAKE RD BARNES WI 54873  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	52.55 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	68 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	30.10 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0301		Permit Date: 8-2-17		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District ( )		
Date of Inspection: 7/18/17		Lakes Classification ( )		
Inspected by: [Signature]		Date of Re-Inspection:		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
UDC Permit required. No pressurized water shall enter building unless approved				
connector to house.				
Signature of Inspector: [Signature]		Date of Approval: 8/1/17		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – None  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **17-0301** Issued To: **Town of Barnes / Barnestormers Snowmobile Club, Michael Trembly, Agent**

Location: **SE**  $\frac{1}{4}$  of **NE**  $\frac{1}{4}$  Section **34** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot **Less** Lot **1** Block Subdivision CSM# **1554**

For: **Municipal Principal Structure: [ 1- Story; Storage Building (30' x 60') = 1,800 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **UDC permit required. No pressurized water shall enter building unless approved connection to POWTS.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**August 2, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
JUL 21 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0302
Date:	8-2-17
Amount Paid:	120.00
Refund:	720.17

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		William J + Joanne Barnes		P.O. Box 553		Marathon WI 54448		Telephone: 715-571-0369	
Address of Property:		5150 Calld Wild		City/State/Zip:		Barnes WI 54873		Cell Phone: 715-571-0369	
Contractor:		7		Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #:		1143 R 607	
SW 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
Section 2, Township 44 N, Range 9 W		Town of:		Barnes		Lot Size		Acreage 12.96	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet 125					

Value at Time of Completion * Include donated time & material	\$ 40,000				
Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 28.5 Width: 16.5 Height: 10

Proposed Construction: Length: Width: Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Porch	( )	
<input type="checkbox"/> AUG 02 2017	<input type="checkbox"/>	with (2nd) Porch	( )	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>	with (2nd) Deck	( )	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	<input type="checkbox"/>		( )	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		( )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Screen Porch w/ basement</u>	<input type="checkbox"/>		(1609 x 3559)	474-10
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>		( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		( )	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>		( )	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>		( )	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>		( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable time for inspection and purpose of inspection.

Owner(s): William J Barnes Date 07-18-17

Authorized Agent: Joanne Barnes Date \_\_\_\_\_

Address to send permit Inf Surface Fee Permit - 16.0050 Attach  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

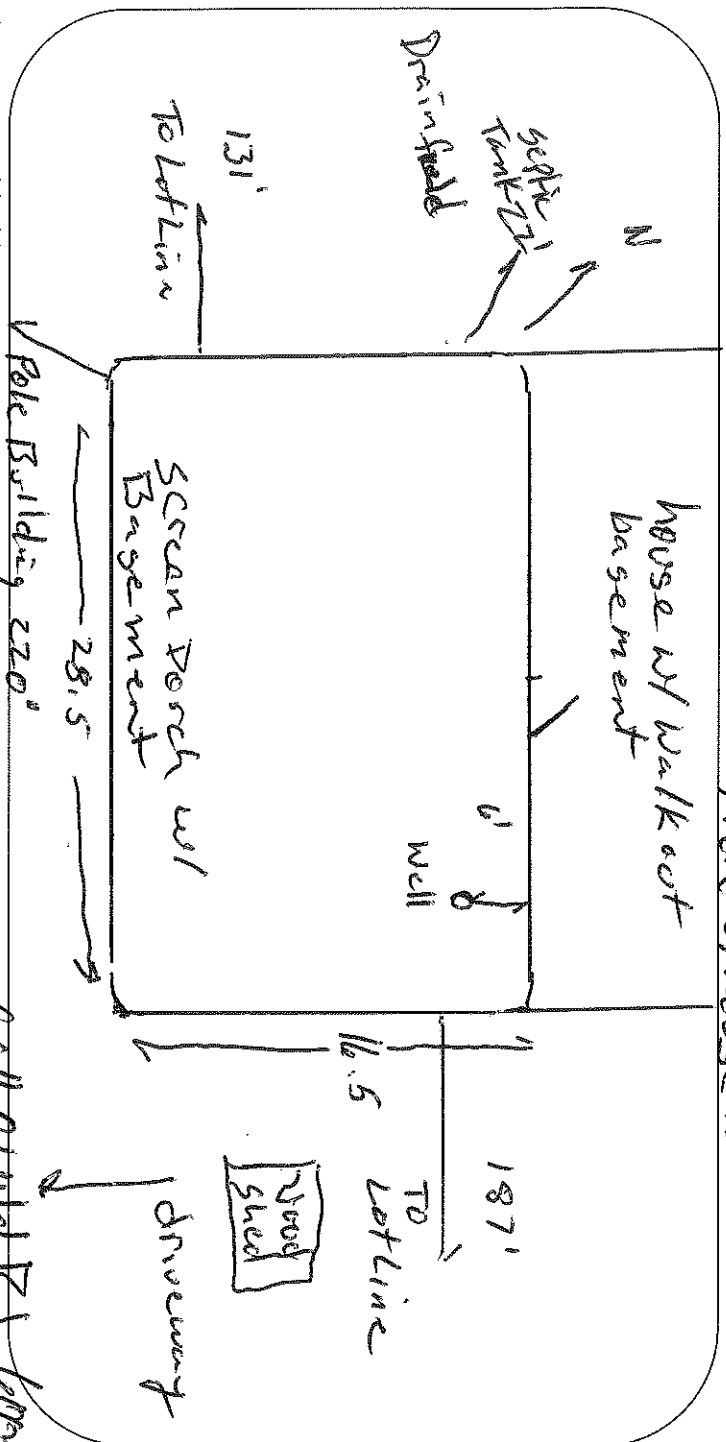
Draw or Sketch your Property (regardless of what you are applying for)

Lake

- (1) Show Location of:  
(2) Show / Indicate:  
(3) Show Location of (\*):  
(4) Show:  
(5) Show:  
(6) Show any (\*):  
(7) Show any (\*):

- Proposed Construction  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%

Front of house to lake 133'



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	133 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	125 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1188 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	131.5 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	187 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	22 Feet	Setback to Well	5 Feet
Setback to Drain Field	39 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 10982	# of bedrooms: 2	Sanitary Date: 5/24/74			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0307		Permit Date: 8-2-17					
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:							
Date of Inspection:	7/27/17	Inspected by:	[Signature]				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.					
Signature of Inspector:		[Signature]		Date of Approval:	8/2/17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

City, Village, State or Federal  
Permits May Also Be Required

LAND USE - X  
SANITARY - 10982  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0307** Issued To: **William & Joanne Flood**

Par in  
Location: **SW**  $\frac{1}{4}$  of **NW**  $\frac{1}{4}$  Section **2** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Addition / Alteration: [ 1- Story; Screen Porch (with basement) (16.5' x 28.5') = 474 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**August 2, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
MAY 30 2017

Permit #: 17-0315  
Date: 8-16-17  
Amount Paid: \$800 530-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Town of Barnes	Mailing Address: 3360 Cty Hwy N Barnes, WI 54873	City/State/Zip: Barnes, WI 54873	Telephone: 715-295-2782
Address of Property: 54885 Moore Road	Contractor Phone: _____	Plumber: _____	Cell Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Chris Webb	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: 1/4, _____ 1/4	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) 3741	Recorded Deed (i.e. # assigned by Register of Deeds) P 178 P 12
Gov't Lot _____	Lot(s) _____	CSM _____	Vol & Page _____
Lot(s) No. 1-34	Block(s) No. 18	Subdivision: Meyers 3rd Subdivision	Lot Size 500' x 700'
Section 20, Township 45 N, Range 09 W	Town of: Barnes	Acres 7.9	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: 210 feet		

Value at Time of Completion * include donated time & material \$27,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____			

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Pavilion/Shell	(24 x 18)	432
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( )	
<input type="checkbox"/> R-Residential Use	with a Porch	( )	
	with (2nd) Deck	( )	
	with (2nd) Deck	( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities		( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( )	
<input type="checkbox"/> Addition/Alteration (specify)		( )	
<input type="checkbox"/> Accessory Building (specify)		( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( )	
<input type="checkbox"/> Special Use: (explain)		( )	
<input type="checkbox"/> Conditional Use: (explain)		( )	
<input type="checkbox"/> Other: (explain)		( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

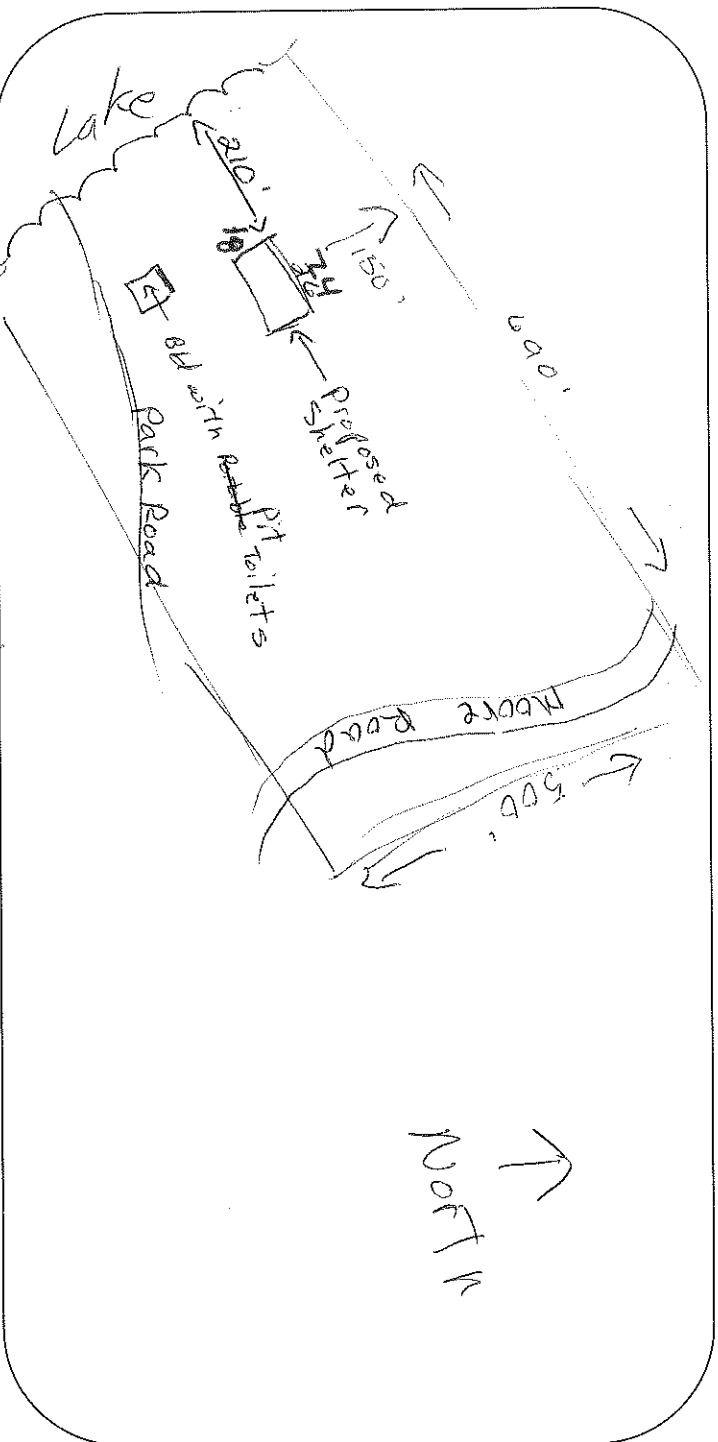
Owner(s): Christine Webb Dawn Davidson Town of Barnes  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 3360 Cty Hwy N Barnes WI 54873

Date 5-25-17

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of:  
**North (N)** on Plot Plan
  - (2) Show / Indicate:  
(\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)
  - (3) Show Location of (\*):  
All Existing Structures on your Property
  - (4) Show:  
(\*) **Well (W)**; (\*) **Septic Tank (ST)**; (\*) **Drain Field (DF)**; (\*) **Holding Tank (HT)** and/or (\*) **Privy (P)**
  - (5) Show:  
(\*) **Lake**; (\*) **River**; (\*) **Stream/Creek**; or (\*) **Pond**
  - (6) Show any (\*):  
(\*) **Wetlands**; or (\*) **Slopes over 20%**
  - (7) Show any (\*):



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100/150 Feet	Setback from the Lake (ordinary high-water mark)	210 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	450 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	210 Feet	Setback from Wetland	
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	500 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	
Setback to Drain Field			
Setback to Privy (Portable, Composting)	150 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>LU 01-399</u>	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>17-02815</u>		Permit Date: <u>8-10-17</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>NA</u>	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>NA</u>		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: <u>Town Boat Ramp &amp; Bathroom</u>							
Location as Identified by <u>Town Appeals Code Compliant</u>							
Date of Inspection: <u>6/9/2017</u>	Inspected by: <u>Robert Schumann</u>						
Condition(s): <u>None</u>							
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6/12/17</u>					
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	
						X <u>Committee</u>	
						Approved: <u>[Signature]</u>	



wn, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 01-399 (County)  
SIGN –  
SPECIAL – Class B  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0315** Issued To: **Town of Barnes / Chris Webb, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **20** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1-34** Block **18** Subdivision **Meyer's & Worthington** CSM#

For: **Municipal Principal Structure: [ 1- Story; Shelter (24' x 18') = 432 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**August 10, 2017**

Date